

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/565226

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4						
5						
6						
7						
8						
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10						
11						
12						
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14						
15						
16						
17						
18						
19						
20						
21	1					
22	1					
23	1					
24	1	1				
25	1					
26	4					
27	4					
28	4					
29	4					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1	2				
37	1	2				
38	1					
39	2					
40	1	2				
41	1	2				
42	1					
43	2					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5		↓		↓	↓
TOTAL DEP.	36		←		←	←
TOTAL CLAIMS	41					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						